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## FREQUENCY OF CONSUMPTION IN DIFFERENT PARTS OF THE UNITED STATES.

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MESSRS. EDITORS,—It may not be entirely amiss to submit to you for publication some facts and reflections in relation to Phthisis Pulmonalis, and its frequency of occurrence in this country, especially since it is regarded in the Northern States as a disease very fatal in its character. I do not purpose to present to the profession any opinion whatever in relation to the best mode of treatment. I have before me the mortality statistics compiled from the Seventh Census, evidently a work of great labor and care. From this I have gathered the material for some observations which I propose to submit for the consideration of your readers.

It seems to have been an opinion long entertained among physicians generally, and the people, that the climate of the North Eastern States is unfavorable to this disease; and this opinion is based upon actual facts taken from records. I am not aware that anything has been written upon this subject of late. The work to which I allude is one of great importance to the medical profession throughout this country and the world, because it has a direct bearing upon the question of climate as related to disease. Regarded in this light it cannot fail to attract the attention of physicians, and will, I doubt not, be subjected to the scrutiny of all who feel any interest upon the subject.

It has hitherto been very common, and, I may say, is now, to recommend to persons afflicted with consumption a removal to a southern locality, for the purpose of availing themselves of the advantage of a southern climate. What has been the benefit arising from such a course? If any, it ought to be known. I cannot answer this question satisfactorily to myself. Certain it is that the proportion of those who die of this disease in the Southern States is far less than in the Northern States. Shall we then conclude that persons so affected should exchange a northern residence for that of the south? I will not guarantee the reader a positive reply to these inquiries, but I will place before him the facts as they exist, drawn from the tabular report of the census of 1850. Whether it

demonstrates the fact that persons who are already suffering from this affection are to be benefited or cured by a southern residence, may be left to the consideration of the reader himself. I here insert a table which may serve as a basis for further remarks.

Locality.	Aggregate population for the year ending June 1st, 1850.	Aggregate deaths.	Per cent.	Aggregate deaths from Consumption.	Per centage of deaths from Consumption.	Ratio of deaths from Consumption to the aggregate population.
Texas,	212,592	10,057	.047	112	.0005	1,898
Louisiana,	536,135	11,956	.022	641	.0011	838
Alabama,	771,623	9,091	.0011	362	.0004	2,131
Mississippi,	606,326	8,721	.0014	332	.0005	1,826
Arkansas,	209,897	3,021	.014	132	.0006	1,590
North Carolina,	869,039	10,165	.011	562	.0006	1,540
Tennessee,	1,002,817	11,875	.011	879	.0008	1,149
Missouri,	682,044	12,292	.017	648	.0009	1,052
Virginia,	1,401,661	19,059	.013	1,616	.0011	869
District Columbia,	51,687	846	.016	135	.0025	382
Maryland,	583,039	9,621	.016	1,101	.0018	529
Ohio,	1,890,329	28,957	.015	2,558	.0014	739
New York,	2,581,847	33,717	.013	5,372	.0020	480
New York City,	515,547	11,838	.022	1,319	.0024	390
Massachusetts,	994,514	19,404	.019	3,426	.0034	290
Maine,	583,169	7,584	.013	1,702	.0028	362

By entering into a calculation it may be demonstrated (if the mortality tables of the census are correct) in which of the several States the disease occurs most frequently, and in which it occurs most rarely. The largest aggregate of deaths from all causes is set down against New York State, but the per cent. is smaller than in many others, while the population is far greater. The largest proportion of deaths in any State, from all diseases, was in Texas. The extensive marsh lands of that region, it would seem, are far less healthy than the high lands of a more northern or eastern locality. There can be little or no doubt that the mode of life has much to do with this large mortality. The negro population is not quite one third of the whole, and the number of deaths of this class bears no greater proportion to the aggregate deaths. As we go east and North, into Louisiana, the proportion becomes less; from all diseases being only .022, whereas that of Texas was .047.

Alabama, North Carolina and Tennessee are the healthiest States in the Union, the per centage being only .011. It appears that as we come among the Northern States the mortality is in some cases far greater, especially in Massachusetts.

But when we glance at the ratio of deaths from consumption, a far different state of things meets us. Beginning at the extreme southwest, we find that nearly five ten-thousandths of the entire population die annually of this complaint, or 1 in 1898. In Alabama the ratio is less than in Texas, being 1 in 2131; then as we proceed

east and north, the proportion becomes far greater, until in Massachusetts it is 1 in 290, and the per centage as high as .0034. This is scarcely credible, and the bare statement seems to require a show of investigation before it is urged upon our acceptance. Following upon the course we commenced, it would be fair to infer that the number of deaths would be larger in proportion as we go north and east. Assuming the per cent. in Alabama as the lowest, it gradually increases as we go north, from .5 to .6, .8, .11, .14, .18, .25, .34, the last of which is that of Massachusetts. Then the per cent. in Maine is .0028, and the ratio 362. To those not accustomed to the examination of statistics of disease and mortality, this figure will appear improbable and unreasonable. But if we divide the sum of the entire population by the sum of deaths, the result obtained is the ratio of mortality. If this reasoning be correct, then we are forced to the conclusion that one person in every 51.4 died from some cause or other, in the State of Massachusetts, in the year ending June 1, 1850. Now let us deduct from the aggregate deaths those which occurred from some cause not strictly traceable to disease. Thus there were 556 deaths, as follows :

Accidents,	450	Poisons,	19
Suicides,	50	Premature birth,	5
Stillborn,	24	Murders,	2
Total,			556

The totality of deaths is thus reduced to 18,848.

Now if we add this sum of deaths which occurred during the year, to the total population, we obtain the actual population of the State before any death had taken place. Necessarily the proportion becomes less, and we find by computation that it is 53.1.

The whole number of deaths from consumption was 3,426, being 989 more than the highest number of deaths from any other disease. By comparison, it appears that the deaths from cholera were about one third of this number, or 1,082; and those from dysentery  $\frac{1}{2}$ , or 2,437. Thus, there are three deaths from consumption to one from cholera, and seven deaths from consumption to five from dysentery. Incredible as this may at first appear, it is, nevertheless, faithful to truth; and should any doubt it, I recommend a personal examination of the mortality tables of the census. Why is it, that so large a proportion of the people die of this disease? Is it not possible that some investigation will yield a solution of this mystery? Can we not analyze the causes of this remarkable fatality? Wherefore such a disparity in those States contiguous to each other? For instance, in New York the ratio is 190 less than in Massachusetts. In New York city it is 90 less. In Maine it is 72 less.

I had intended when I commenced this article to insert a second table, comprising the various localities of the State of Massachusetts, with particular reference to some of those causes which seem-

ed to me most productive of phthisis. Its extreme length, however, prevents its insertion. The following brief summary will supply the place of a more extended tabulation.

Under 1 year of age,				187
" 5 years "				231
10 and under 20	"	"	"	331
20	"	50	"	1,767
50	"	80	"	1,089
Number in which the disease was of more than three months' duration,				2,111
Males,				1,542
Females,				1,848

It may be observed that in nearly every locality in the State the number of females preponderates, and in the aggregate this preponderance amounts to 306. Finally, in the investigation of this subject the following facts have been elucidated :

1st. Of the number who died of consumption, a large majority were between the ages of 20 and 50.

2d. Three-fifths were ill over three months.

3d. A large majority were females.

In seeking for some explanation of these conclusions, we must refer to the habits of that class among whom this mortality occurs. A certain proportion of the population of the State of Massachusetts are, from poverty and the necessities of their condition, driven to seek their means of subsistence in the close confinement and impure air of the large cotton mills which abound in that State. What proportion of the people are thus employed? Without a question it is very large, and the individuals are mostly females. Generally, these persons assume their positions at the looms at 6 or 6½ o'clock, A. M. At noon one hour's respite is allowed. At 6 or 7 o'clock, P. M., they seek that rest which their toil demands, and little or no time is allowed for recreation. The contrast between this class of the laboring people of New England and the farmers or mechanics is very obvious, and it is among the former that consumptives are chiefly found.

I will here inquire, is there not a sufficient explanation for the enormous disproportion which exists between this and other States in the ratio of deaths from phthisis, in the mode of life, without reference to climate?

February 6th, 1856.

#### PANAMA FEVER AND ITS TREATMENT.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I noticed in the Journal of Dec. 20th, in a report of the Boston Society for Medical Improvement, an interchange of views and opinions by some of its members, upon the



subject of "Panama Fever" and its treatment. Having crossed the Isthmus three times since 1849, and seen the fever there, as well as on ship-board, and having practised medicine for nearly six years in California, I have become much interested in the subject.

I found all things new and unsettled on my arrival in that State. No one knew his neighbor, or had much desire for an acquaintance. Each one stood upon his "reserved rights," looking, if not saying, "trespass at your peril." If he could not maintain and defend his position alone, his "claim" was soon "jumped." There was no friendly arm to lean upon, no reliable, disinterested advice to be obtained in the hour of trial. Under such circumstances it behoved us to investigate every case carefully, to prescribe fearlessly, but not rashly, and observe attentively the effect of our remedies. Expecting to find some new disease, I was the more diligent and careful with every case. As we had no nurses, I spent as many hours of the day and night as a strong constitution would allow, in prescribing and administering medicine and watching its effects. During the sickly months of 1851 and 1852, I probably averaged eighteen hours daily with my patients, in or out of my office, and each day brought from six to eight new cases.

I soon found that we had cases of ordinary intermittent fever, besides others which were decidedly intermittent, yet complicated with many symptoms not necessarily belonging to well-marked ague. There were likewise cases of a more grave character, commencing with a chill of uncertain duration and great prostration of strength, followed by an imperfect re-action, with alternations of chilliness and flushing (in the language of the patients, a "flash of heat and flash of cold"), with dull, heavy headache and stupor. The hearing and sight in these cases are imperfect. There is great variation in the appearances of the tongue. It is sometimes nearly natural; at others, covered with a heavy, moist coat; or dry in the middle, with clean, red edges; or almost wholly clean and dry. The pulse also varies greatly. It is either nearly natural, at from 60 to 80, or slow and feeble, between 40 and 60, and irregular; sometimes it is small and rapid, ranging from 90 to 110; in all cases it is easily compressed. The skin soon becomes dingy, dirty, harsh and dry, or moist and sticky, and is sometimes very tender to the touch. Acute neuralgic pains may be found, and when there is severe pain in the lower part of the back, it is accompanied by more or less complete loss of power in one or both lower limbs, and inability to urinate and to retain the fæces, if the bowels are loose. When the attack is sudden and severe, the patient often becomes more or less yellow, and vomits or purges, or both; sometimes a little bile is seen in the discharges, but not often at first. Occasionally we find a mixture of dark blood and bile.

It occurred to me to endeavor to trace the connection between simple intermittent fever and these grave cases, and determine, if possible, whether it would be better to substitute some other name for the latter. After treating many cases with this object in view,

noting carefully the various grades and differences in the cases—observing the effects of remedies, and considering all suggestions and facts which appeared to afford any light upon the subject, I was constrained to conclude that the fever was one and the same in all cases, and that its different aspects were mainly or wholly attributable to congestion, of various degrees, in different organs, especially the liver, spleen, spine, head, and sometimes the lungs and pleurae.

The same medicines were used in all the varieties of fever. In simple intermittent I commenced with from 15 to 20 grains of calomel, followed in three or four hours by castor oil, or fluid extract of senna, and quickened by a stimulant enema, if the time were short. If there were six hours before the chill, I gave 15 grains of sulphate of quinine every two hours, until three doses were taken. If only four hours remained, 20 grains of quinine were given and repeated in two hours. If there were only two or three hours after free evacuation, before the chill, a single dose of from 25 to 30 grains was given, followed, after ten or twelve hours, by five grains, four or five times a day, for two days. Two drachms of the following mixture were also given, two or three times daily: sulphate of quinine, 3iss.; alcoholic extract of nux vomica, ℥i.; water, 3vi.; brandy, 3iv.; to which a little of the solution of arsenite of potash was sometimes added. Along with the tonic, 10 grains of blue mass was directed, two or three times a week. This usually prevented a relapse.

Most of the grave cases treated in California came up from the Isthmus, or originated on the bank of some river, in a miasmatic situation. Many of the patients had been sick for several days, before receiving proper treatment. In such cases, I commenced by preparing the system according to circumstances, before giving a full dose of quinine. If the patient was much prostrated and stupid, with pain in the back, diarrhoea, and loss of power in one or both lower extremities, from 10 to 15 grains of blue mass, one-sixth to one-tenth of a grain of morphia, or small doses of extract of nux vomica, or of strychnia, to be repeated every two or three hours, until two or three doses were taken, were ordered. At the same time a mustard poultice was applied to the whole length of the spine, and the back and limbs well rubbed with best whiskey. If necessary, the same applications were made over the liver, or to the lower limbs. As soon as the bowels were relieved, and the system a little roused, 20 grains of quinine were given, and repeated in two hours, with or without nux vomica. A few hours afterwards, from three to eight grains of quinine were given every three or four hours. If advisable to move the bowels, calomel or blue mass, combined or not with morphia and strychnia, or if the strength would allow, castor oil, oil of turpentine, or a stimulating injection, were ordered, followed again by a large dose of quinine. Soon after this, the symptoms generally improved very much.

To go through with particulars as I have commenced, would re-

quire quite too much space in your valuable Journal ; I will therefore close with a few general remarks. Each case requires a careful examination, and its own particular quantity, frequency and combination of medicine. I have said nothing concerning the kidneys, as they were seldom more affected than in a common paroxysm of intermittent fever. To obtain the desired effect of remedies, large doses were generally necessary—those mentioned are the maximum ones.

When the medicine was properly prescribed and administered, the results were more favorable and certain than I have found them in any other disease. I think the spine was more often congested than the head ; partial paralysis was very common, from the first chill.

One object of this article is to invite the attention of physicians to a more general use of *nux vomica* as an important remedial agent. We all know that it has a powerful effect upon the nervous system, and that the nerves have much to do with disease of almost every kind. I have used the alcoholic extract more than any other preparation. In 1842, I was called in consultation to a case of lead colic. Many doses of very active cathartics and injections had been administered. I prescribed a small dose of strychnia and morphia, to be repeated in two hours. Soon after the second dose, a free discharge was had. Since then, I have used it in many cases of various diseases, with apparent good effect. A. H. W.

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#### TERTIARY SYPHILIS.

[Communicated for the Boston Medical and Surgical Journal.]

TERTIARY syphilitic disease assumes many erratic forms. Ricord has observed eighty or more cases of induration of the corpora cavernosa of the penis, consequent upon syphilis. This affection, in its incipient stage, is manifested by the formation of small dense particles in the structure of the cavernous tissue, not larger than rice grains, and entirely painless. This hardness may occur in any part of the organ, and causes it deviate from the plane of its axis on erection, in a manner dependent upon the locality of the unnatural formation. If the induration is situated upon one side, the penis will be curved towards the affected half ; because the tissue has lost its power of expansion and elasticity. This, Ricord designates as inguino-crural flexion ; he has seen the flexure assume the form of a ring. It is his opinion that the malady is specifically consequent upon severe gonorrhœa, and some cases have exhibited an apparent dependence upon mechanical injury. The indurated bodies thus deposited are not prone to suppurate, undergo very little change, and usually resist any curative attempts.

The osseous system is the seat of some of the most painful effects of tertiary syphilis. Dolores-osteocopi, periostoses, exostoses and venereal necrosis, constitute a series of phenomena consequent upon antecedent inflammatory action. Observation has

shown that the superficial bony tracts are most frequently affected, and the dense portions are invaded oftener than the less compact. Bone pains are among the ultimate sequelæ of syphilis, often occurring a score or more of years after the original accident; no cases are reported as resulting sooner than six months. Vicissitudes of temperature exacerbate the pains; inclement weather is a frequent cause, and the warmth of the bed occasions, not unfrequently, severe suffering. Ricord affirms that the pains cannot strictly be termed *dolores nocturni*, for, when the patient spends the night in mirth or carousal, they are not felt, but return subsequently when warm in bed. This pain is confined to one spot, and invariably returns at the same point. It originates in mere uneasiness, increases to a frightful degree, and is aggravated by pressure. When periostitis ensues, exudation is detected by pressure upon the parts. The swelling is firm, immovable upon the bone, non-adherent to the skin, and free from fluctuation. If the tumor fails to be resolved, and actual disorganization takes place, osseous deposit from consolidated exudation, *tophi*, or exostoses, are formed. The superficial layer of bone is thickened by an additional lamina exuded beneath the periosteum. The membrane of the bone undergoes progressive changes, and the tumor is, at its summit, distinctly cartilaginous. The older the swelling, the more smooth and eburnated it becomes.

In other instances, the exostosis commences upon the medullary cavity of the bone, and sometimes entirely fills the interior space. The pain is intense, and unabated till the bone begins to swell, nor does suppuration often ensue.

In weak, cachectic subjects, osteitis find its most unfavorable result in the formation of pus. The pain exhibits the traits usually observed to precede suppuration—aching, tensive throbbing. Soon the soft parts become implicated with the tumor, and fluctuation is detected. The vitality of the bone ceases, the calcareous mass acts as a foreign substance and keeps up the discharge. When the bone begins to die coterminously with the destruction of the soft parts, *necrosis* is said to take place; when the bone is detached, forming variously-sized pieces, it is termed *caries*. It is a peculiarity of syphilitic caries, that though the bones of the face often suffer, the ascending processes of the palate bones enjoy a remarkable immunity from attack.

E. S.

Attleborough, Ms., Dec., 1855.

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#### OBSERVATIONS ON THE VAPOR OF BISULPHURET OF CARBON AS A REMEDIAL AGENT.

[Read before the Boston Society for Medical Observation, by CALVIN G. PAGE, M.D., and communicated for the Boston Medical and Surgical Journal.]

THE vapor of bisulphuret of carbon was first employed for affections of the ear and eye. The article had been previously employed both as an internal remedy and as an ingredient in embroca-

tions for rheumatic affections. A friend having been benefited by the vapor of this substance, I was induced to make some experiments for the purpose of testing the remedial virtues of the article. I have used the vapor only, and with varying success, in about twenty cases. I will relate, briefly, four cases.

CASE I.—Nov. 7th, 1855. Catherine Gamon, aged 45 years. On the passage from New York to Boston, two days previous, was exposed to a draught of air, which produced a neuralgic pain in the right side of her face and head, but most severe along the lower jaw and below the eye.

A wide-mouthed bottle, containing half a drachm of the bisulphuret of carbon, was placed on the cheek, beneath the eye, and then at the angle of the jaw. As soon as the specific effect of the application was produced, there was an immediate cessation of pain. She left my office feeling entirely well, but came back again the next day, saying that she had no pain for four hours after I made the application, when the pain returned, but not as bad as before. I again applied the vapor, with immediate relief. I saw the patient a month afterwards, and she had experienced no return of her trouble.

CASE II.—Patrick Coffee, of Fruit St., had strained his left hip while lifting heavy stones. There was a tender puffy spot, about the size of a dollar, behind and above the trochanter. He had considerable pain on moving the limb, so much as to keep him in bed all the morning. The pain and tenderness, although deep-seated, were removed at once by the application of the vapor to the tender spot. He had no return of pain, and went to work again at once.

CASE III.—John Scammel, well known to the profession, got temporary relief from his rheumatic pains, on two successive days. One day he was free from pain for three hours. The vapor was, in this case, applied to one spot on the trochanter, and to two places along the fibula.

CASE IV.—J. A. Had been under treatment for three weeks, for a rheumatic affection of the heart and joints. Blisters, wine of colchicum, and other treatment, had been used, without any marked benefit. He had still severe paroxysms of pain in the region of the heart. A bottle, containing half a drachm of bisulphuret of carbon, was left with him, with directions to apply it over the heart, whenever the pain came on. This was done, with a decided diminution, both in amount of pain and length of duration of each paroxysm.

In three other cases, it proved an entire failure. One of these was a case of facial neuralgia, on which neither this nor any other remedy produced an impression. Several patients were relieved from local pain for a short time, but there are no features of special interest in the cases.

The particular sensations produced by this vapor are, first a sensation of coldness, then a feeling of warmth with prickling, which rapidly increases, until it can no longer be borne.

From my experience with this agent, I am inclined to conclude: 1st, that it is a valuable means for the temporary alleviation of pain; 2d, that in some cases of painful affections, where the pain is local, it is of permanent benefit.

69 Myrtle Street, February, 1856.

#### AN OVER-DOSE OF HOMŒOPATHY.

[Communicated for the Boston Medical and Surgical Journal.]

IN one of our charitable institutions resides a lady of more than ordinary intelligence, not connected with the institution except as a boarder. She is a strenuous advocate of homœopathy. Some two years since, at considerable expense, she replenished her "homœopathic case." A favorite child in the establishment found her way into the room of this lady and, as children are fond of doing, rummaged among the "baskets and boxes;" discovering some pretty little bottles, full of pretty little somethings, she began to draw the corks, child-like. Finding the little somethings nice and sweet, she continued eating them, until the lady, who was napping it on the bed, awoke, when, to her dismay, she discovered that the "little one" had transferred to her stomach ten bottles full of globules, and in her pocket she found the empty bottles. What was to be done? Only think! a little child's stomach filled with homœopathic fixings! The worthy matron of the institution, whose medical predilections belonged to quite another school, was immediately summoned, to whom was told the awful catastrophe. When asked what should be done, she coolly replied, "why, give her more, if she wants—they won't hurt her." But hours and days passed before the lady herself was satisfied that no harm was done; and glad enough was she to find that the little orphan had really lived through it. But did not such an over-dose of "medicine" vomit her? No. Nor purge her? No. Nor sweat her? No. Nor make her sleep? No. Nor make her sick in any way? No, all she wanted was more of the same sort. There was nux vomica, aconite, belladonna, cicuta, rhus, mercury, antimony, silex, oystershell, &c. The request of "let us say nothing about it," was strictly observed, and latterly had been scarcely thought of. The injunction would not probably have been raised, was it not for the following occurrence. Within a few weeks, several cases of scarlet fever have made their appearance in the institution, and two of them proved fatal. Death threatened a third one laboring under the congestive form of that fever. He was attended by a physician of the good old stamp. One of the governors, not Governor Clark, but a man of mighty mien—not a Know-nothing in his own estimation certainly, but a—homœopath, in his diurnal visit asked after the little sufferer, the lady boarder above referred to being present. He was informed that he was no better, and that the doctor thought he would die (he did not, however, die). The old gentleman pre-



served his usual dignity and calmness until this announcement, when both seemed to quit him at once, as he delivered himself somewhat after the following manner: "This won't do. This won't do. This crowding down medicines in such quantities is enough to kill the children without the scarlet fever. It must be stopped. It will not do," &c. &c. After he had fairly relieved himself, the worthy matron replied in substance, that she did not know what the gentleman meant by crowding down medicine; she had seen no such crowding down as he alluded to—she was certain there was nothing of the kind here; the doctor was opposed to any such treatment. Indeed, the only case which she had ever seen, in which she thought a child had been over-dosed, occurred some two years ago. She then related the case of the ten bottles, and appealed to the lady to confirm what she had stated, adding that the servants knew all about it at the time. Confusion dumbfounded darkened two faces, while victory shed a glow of light over the other. Not another word was uttered. Not a question asked. The old gentleman's visit was cut abruptly short, and for several days it was not convenient for him to repeat it.

MUM.

New York, February 21, 1856.

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### Hospital Reports.

#### MASSACHUSETTS GENERAL HOSPITAL.

*Fracture of the Skull, with Laceration of the Cerebellum, from a blow on the Head.* A man who was walking in Bromfield street, Feb. 12th, at about 9 o'clock, A. M., was struck on the head, and knocked down, by a mass of ice and snow which slid from the roof of a building.

He was reported to have had slight vomiting, and to have spit some blood, immediately after the accident. On being transported to the Hospital, it was found that his extremities were cool, pulse feeble, pupils natural; no hæmorrhage from the ears. There was much jactitation, but the patient was not entirely insensible, as he answered "what?" when spoken to. There was no wound of the scalp, but over the parietal protuberance of the right side was a prominent swelling, of considerable magnitude. He was put to bed, warmth applied to the feet, and some brandy administered. Shortly after this, the pulse was at 48, feeble; pupils dilated; the patient answered as before. Dr. CABOT saw him, ordered his head to be shaved, that he might examine him carefully, and left him to go into another ward. In fifteen minutes the house-surgeon was summoned to the patient, and found him in a state of complete asphyxia, the lips and whole face being livid. Respiration had ceased, but the heart continued to beat, and the pulse at the wrist was fuller and stronger than three-quarters of an hour previously. In a few minutes he died.

*Autopsy*, at 4 o'clock, P.M. There was much effusion and ecchymosis beneath the scalp, at a place corresponding to the external swelling. In the occipital bone were two fractures, commencing at the foramen magnum, and separated by a distance of one third of its circumference. They ran symmetrically upwards and outwards, to points situated an inch above and behind the ears. The fracture of the right side was met, at about an inch

from its origin, by another, which ran forwards and outwards, terminating in the lower part of the groove for the lateral sinus. The fracture of the left side, at an inch and a half from its origin, was joined by two fractures, one running forwards, and terminating in the foramen lacerum posterius, and the other extending upwards and inwards, to the very vertex.

The whole surface of the cerebrum and cerebellum was abnormally red, and showed a high degree of ecchymosis and extravasation. On the inferior surface of the left lobe of the cerebellum was seen quite an extensive laceration and contusion of the substance of the organ; and beneath the surface were two or three small coagula of blood which had been effused. There was a less degree of contusion and laceration of the inferior surface of the right lobe.

No examination was made of the thorax and abdomen.

*Case of Disease closely resembling Phthisis, the physical Signs, however, being most manifest at the base of the lung. Treatment by Inhalation. Recovery.* (Under the care of Dr. BOWDITCH.)

Julia S., an Irish servant-girl, *æt.* 22, soon after her arrival in this country, six years ago, was attacked with measles, which left her with a severe cough. Her previous health had been good, and her family were free from phthisis. Since the measles she had great irregularity of menstruation, and once had complete amenorrhœa for two years. In the summer of 1854, she began to fail in strength, but was still able to work. In September of the same year, she bathed in the sea while menstruating, and since then has never had her catamenia. About Christmas, 1854, she went to the country, to try to recruit her health, but became very ill, and went into the Bridgewater State Almshouse, where she remained till Oct. 6th, 1855. While there, she was ill almost all the time with "dysentery," having frequent bloody dejections. The fare was poor and scanty, and she suffered much.

She left the almshouse a fortnight ago, since when she has had a cough, and raises a good deal, especially in the morning. She has lost much flesh of late, and has an irregular diarrhœa, often five or six dejections in a day, which are *always* bloody. No leucorrhœa. The feet are cold, and often swell. Much emaciation; lips and nails blue. Tongue clean, sore along the edges; margins of gums red and painful. She still has considerable strength, and walked five miles on the 15th.

She entered the Hospital Nov. 17th. At that time it was recorded that the expectoration, since the preceding evening, consisted of 3ij. of opaque, purulent mucus. Pulse 108. On percussion, there was rather less resonance in the upper right front, than on the left side. In the back there was decided dulness over the lower three inches of the right side, and lower, two inches of the left side. Subcrepitant râle was heard in the lower half of both backs, but extending higher in the right side than in the left. After being treated for the cough and diarrhœa for several days, she was ordered to inhale the ethereal tincture of iodine. This at first almost caused suffocation, but after a few trials it was easily borne, and produced a marked diminution in the cough.

On the 8th of December, the râles were much diminished, being only heard after cough, and the cough was greatly relieved; the expectoration became more viscid, tenacious and confluent, and less distinct and ragged than before she commenced the inhalation. On the 17th, the dulness on percussion had very much diminished in the lower part of the back, on each side, though there was still some muco-crepitant râle. On the 31st,

merely a trifle of mucous râle was heard, and that only after coughing, and making several inspirations.

*Jan. 20th*, there was recorded, "still some dulness over the lower right back, with obscure, rather fine crepitus, on full breath after cough, and pain in the same part."

*Feb. 17th*, a faint trace of râle could be heard at the lower part of the right back. The respiratory murmur was less pure there than on the left side, and the percussion was duller, for the lower two inches. There was very little cough or expectoration. The pulse, respiration and state of the bowels were regular.

She may be considered well, as far as her pulmonary symptoms are concerned, but remains in the hospital under treatment for amenorrhœa.

BOSTON LYING-IN HOSPITAL.

*Exposure to Erysipelas during Labor. Muriate of Iron as Prophylactic against Puerperal Fever.* Under care of Dr. H. R. STORER.

Elizabeth G., aged 22, a large, well-shaped woman, who had, several days previously, suddenly learned the death of her husband, began her first labor Jan. 10th, at noon. The labor progressing naturally, liquor amnii was freely discharged at 7½ P. M., and Dr. Storer was then called. Having, however, that day seen and examined, in consultation with Dr. Hobbs, a severe case of erysipelas, and firmly believing in the identity of this disease with puerperal fever, he refused attendance, and directed that one of his colleagues should be summoned. Of these gentlemen, one, Dr. Read, was confined to his room by sickness; and the other, Dr. Dupee, being unavoidably detained, did not reach the Hospital until after the labor was completed. Meanwhile, matters progressing rapidly, and the head having descended upon the perineum, Dr. Storer, at 9½ P. M., was again sent for, and thinking that, of the two evils, his absence might entail greater risk upon the patient, he then decided to go to the Hospital.

The child, a healthy boy of 9 lbs., was born as he entered the room. The matron, who had thus far skilfully presided over the labor, was in due season directed to remove the placenta. This, however, was retained; all other justifiable means for its removal were had recourse to, but failed; and after long waiting, he reluctantly proceeded to extract it by hand.

Patient ordered to take 15 drops of tinct. mur. ferri every six hours.

*Jan. 15th.*—Patient doing perfectly well. May stop the iron.

*30th.*—Discharged well.

Mrs. G. went at once to Salem as a wet nurse, for which she is admirably adapted, and is now, Feb. 17th, in perfect health.

That puerperal fever is communicated alike from itself and from erysipelas, almost always through the physician, is now very generally admitted. There are those in other sections of this country who deny its contagion—but they have been nearly silenced by the masterly Essay of Dr. Holmes. Much has been written upon this subject, and in the course of the discussion another question has arisen—Can puerperal fever be prevented? Aside from ordinary precautions, such as would be taken in any and every case, is there any medicine or course of medicine capable of so affecting the system after exposure, as to fortify it against the contagion?

"I do believe that if any man should ever have the good fortune to detect or suggest any simple and practicable measures, either to *avert* and *prevent*, or to mitigate and cure, surgical and puerperal fever, he would, in doing so, confer one of the greatest of all benefits upon the advancement of

surgery and midwifery, and be the means of saving numerous lives in operative and obstetric practice.\*

The use of muriate of iron has been recommended by Bell, of Edinburgh, and others, not only for the treatment of erysipelas, but for its prevention; and still more lately, for that of puerperal fever. Few, if any, observations upon the subject are yet on record, and for this reason the above case is of great interest. The experiment is one that no physician would willingly and deliberately make. He could never be justified in so doing. Puerperal fever in any man's practice is always a great misfortune; he would have no right to expose a patient to that or to erysipelas; and therefore, the chance for observation must always be an accidental one.

The opponents of contagion will insist that this case affords but *negative* proof of the proposition assumed; that it was merely a coincidence, and that it really confirms their own view. Such, however, is hardly the fact. Somewhat similar coincidences have occurred in this city, in the practice of Dr. Charles Ware† and others; but in these, as reported, the febrile symptoms of the first case have not appeared until after the patients exposed by subsequent confinement, have been put to bed.

If, after the exposure related, the patients had been placed under no treatment, and had still escaped fever, to which she had perhaps been predisposed by the mental shock already mentioned, the evidence would so far have gone against the doctrine of contagion; a little way only, for others have given overwhelming testimony in its favor. But under the circumstances, the case seems to be proof, which indeed must be corroborated by many others similar, before it can be accepted as conclusive, but still, proof to some extent, of the prophylactic property of muriate of iron; and this is confirmed by the fact that the plan recommended by Semelweiss, of Vienna, of previously washing the hands of the operator in a chlorinated solution or with cyanuret of potass, which did not happen to be in the house, was not followed; there thus having been no other agent present or given, capable of affording protection.

### Bibliographical Notices.

*On the Organic Diseases and Functional Disorders of the Stomach.* By GEORGE BUDD, M.D., F.R.S., Professor of Medicine in King's College, London; late Fellow of Caius College, Cambridge; author of "A Treatise on Diseases of the Liver," &c. Philadelphia: Blanchard & Lea. pp. 252; and New York, Samuel S. & William Wood. pp. 283.

THE "Treatise on Diseases of the Liver," by Dr. Budd, is so deservedly a favorite, that the present production would be cordially received by anticipation, as it were, of the merits it could hardly fail to possess. The author gives us "books that are books," and this volume is full of interesting matter relating to the symptomatology, diagnosis and treatment of the affections which it describes. As a practical treatise it can hardly have a rival. The extensive experience of the writer, and his accurate and discriminating knowledge of his subject, are well known. From no more reliable source could information be derived.

Originally delivered as *lectures*, the substance of the volume is presented

\* SIMPSON. Edinburgh Monthly Journal of Medical Science, 1850, p. 414; Obstetric Memoirs and Contributions, MSS. of Vol. II.

† Extracts from Records of Boston Society for Medical Improvement, Vol. I., p. 130.

in the same form. The advertisement informs us that all of them, excepting the fourteenth, have already appeared in one of the English weekly medical journals. "Those on Self-Digestion of the Stomach after Death, and on Simple Ulcer, were delivered at the College of Physicians, as the Croonian Lectures, in the Spring of 1847, and were soon afterwards published in the Medical Gazette." The rest of the series were published in 1853 and '54, and the present re-publication appears with the additions and corrections suggested by the author's subsequent experience.

Amidst so much that is excellent, it is difficult to particularize; we have, however, been greatly interested by the Introductory Lecture, a large portion of which is upon the subject of self-digestion of the stomach, or those changes which occur after death, in its coats, from the action of the gastric juice; phenomena first remarked by Hunter, and often observed by others, yet so wholly misunderstood prior to his investigations. Lectures VI. and VII., on "Perforating Ulcer of the Stomach and of the Duodenum," are full of important hints and practical information. Lecture XIII., on the "Forms of Indigestion characterized by some peculiarity in the symptoms—Urticaria, Pyrosis—Indigestion of Drunkards," and the last two lectures, "On some of the Remedies for Stomach Disorders," are of great value, and will be a very welcome addition to the treasures of medical literature. The book closes with certain "General Rules of Living," which may be perused by all *livers*, both high and low, with great profit to themselves, provided they pay due heed to the good advice given. We transcribe a few of these general remarks. Most of them have the form of aphorisms, and are worthy of special attention and lasting remembrance:—

"Eating too frequently is equivalent to eating too much." "The substantial repasts should be separated by an interval sufficient to allow the stomach to recruit its powers." "Abstinence from food should never be so protracted as to induce a sense of exhaustion. Exhaustion from fasting, as from other causes, weakens the digestive power." "The last heavy meal should be some hours before bed-time." This advice, though by no means new, is so systematically and entirely disregarded by the great majority of persons, that it can hardly be too often and thoroughly insisted upon. "The best diet is, generally, a mixed diet of animal and vegetable food; and this may be sufficiently varied, without including the more unwholesome articles of the two classes." "Persons of weak digestion should abstain from veal and pork, and from all salted, dried, or smoked meats, which experience has shown to be particularly hard of digestion." The caution is extended to new bread, peas, beans and vegetables likely to produce flatulence. Several excellent suggestions are offered in regard to drinks. Among others we find the following. "Wines are free from the strongest objections to both these classes of drinks" (*i. e.*, spirits and malt liquors). "The liquor that is most generally wholesome is wine." The good sense of another remark will be appreciated: "If harm be done by improper food and drink, harm may also be done by improper physic, or by physic taken at improper times. On this point much good advice may be given by a medical man who knows the nature of the disorder he is called on to treat, and the kind and degree of influence which his remedies exert."

The author concludes by saying that it may be a source of comfort to persons whose stomachs are easily disordered, that this peculiarity alone may be preservative against more serious troubles. The necessity for caution, in order to avoid discomfort, doubtless often prevents diseases which

indulgence or carelessness would have caused. The frequency of dyspepsia in the middle and higher classes of society is referred to. If this remark be true of England, it is certainly still more so of this country.

Two editions of this work have been published nearly simultaneously; that issued by Messrs. Blanchard & Lea reached us some days in advance of the one by the Woods, of New York. While we are unwilling to make too close comparisons, it is evident, at a glance, that the former is more clearly printed and on better paper. What is of more consequence, however, is the occurrence of numerous typographical errors in the New York copy, which are ascribable only to an unwise haste in issuing the book in view of having a rival in sales, or to unaccountable blundering in reading the proofs. On page 20th "outporing" for outpouring; p. 42, "circmstances" for circumstances; p. 69, "tea" for ten; p. 102, "the" for the; p. 105, "it" for in; p. 212, "measure" for measures; p. 252, "putrifactive" for putrefactive; on pages 276 and 277, "trituration" for trituration, thrice; p. 277, "tranformation" for transformation. These errors may be regarded as but of little importance, yet the fact that none of them exist in the Philadelphia edition certainly shows greater attention to correctness of typography and more care for appearances. Both editions are chargeable with misspelling Rokitansky's name twice, in Lecture II.; having it Rokitanski. The same is true of Magendie, in Lecture XV., both having it Majendie, while elsewhere it is correctly written. Whether this may not be following the English copy we cannot say; if so, the blame is less, as compositors are always instructed to *follow copy even if it goes out of a window!* In Lecture XVI., 6th paragraph, "good effects, &c., was," may, in like manner, be a *lapsus* of the author's pen.

We should not have referred to the typographical peculiarities at all, had not the eye been so often arrested by them in looking over one copy while the other is free, at least from those above noticed, and, so far as we observe, from others chargeable to any negligence. The work must certainly have a large sale. For sale in Boston by Sanborn, Carter & Bazin, Burnham Brothers, and others.

*British and Foreign Medico-Chirurgical Review.* Jan. 1856. Reprinted by Samuel S. & William Wood, New York

We have received the January number of this valuable reprint. The Messrs. Wood are entitled to praise for their expedition in issuing the work before the arrival of the English edition.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 28, 1856.

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### TRIAL FOR INFANTICIDE.

THE unexpected termination of the recent trial, in this city, of Ellen Frances Tobine, for the murder of her infant, at Chelsea, on the 22d of July last, appears to have been owing to a circumstance which exhibits extraordinary negligence on the part of the coroner in not obtaining competent experts to examine the body of the child, with a view of ascertaining the cause of its death. The facts are these: the prisoner went to live, on



the 12th of July, as a servant at a public house, on Chelsea Beach, kept by Philip Dascom. Mrs. Dascom, and others, thought from the appearance of the woman that she was pregnant, and charged her with the fact, which the prisoner denied. On the 22d, she appeared ill, and said she had had a diarrhoea in the night. Spots of blood were observed on the floor of her chamber. Her figure seemed to be much smaller than before, and she said to another woman in the house, "Lucinda, they are having a great time about my killing my baby." She then left the house, and the same day Mrs. Dascom discovered a recent *placenta* in the chamber which Ellen had occupied. Within a day or two after this, the body of an infant was found on the beach, near the house, wrapped up in cloth. A coroner's inquest was held, and the only medical witness examined was Dr. Roderick Cutter, whose practice, as he himself states, is chiefly confined to dentistry, and whose incompetence to give an opinion in a case of this nature is sufficiently evident from his testimony at the trial. It appears, so far as we can ascertain from the report of the trial published in the papers, that he applied the hydrostatic test to a *portion* only of the lungs, which, he found, floated in water. He found a cord tightly tied around the child's neck, so much so as to prevent him from introducing his finger under the string.

The above facts were proved at the trial, and Drs. H. G. Clark and Channing were called for the defence. They testified that the tests applied by Dr. Cutter were not sufficient to establish the fact that air had entered the lungs, and Mr. Clifford, the Attorney-General, finding the evidence insufficient to sustain the prosecution, abandoned the case. The jury, under the instructions of the Court, rendered a verdict of "not guilty."

We are at a loss to imagine why the coroner did not procure experts to examine the body, whose opinions could be relied upon. Certainly the importance of the case was a sufficient warrant for every exertion on his part to make a thorough investigation into the causes of the death. The crime of infanticide is becoming frequent among us, and the result of this trial will go far to render it still more so.

#### THE "WOMEN'S HOSPITAL" IN NEW YORK.

THE first anniversary of this institution was celebrated on the evening of February 11th, in Clinton Hall, the meeting being attended by a large and respectable assemblage, among whom we notice the names of some of the most eminent physicians, and members of other professions, in New York. We derive our information concerning the meeting from a newspaper report, which may not be correct, and we hope it will prove to be so, since we read statements in relation to the operation for vesico-vaginal fistula, which are wholly at variance with the facts. According to the report printed in the *New York Daily Times*, Dr. J. W. Francis "submitted to the meeting a history of the labors, trials, reverses and ultimate success of Dr. Sims, in discovering the means by which certain diseases incidental to women, and heretofore regarded as beyond the reach of medical and surgical skill, might be effectually cured. \* \* \* \* \* He alluded to the fact that the highest medical and surgical talent of Europe had failed to devise a successful method of treating this class of diseases, and claimed for Dr. Sims, an American, late of Montgomery, Ala., and now of New York city, the distinguished and imperishable honor of having made the discovery—a discovery so perfect and certain in its results that there had not been a single case operated on at the Women's Hospital that was not cured."

Discovering the means, indeed! Does Dr. Francis pretend to say that

these diseases were not frequently cured, not only in Europe but also in this country, long before the publication, in the *American Journal of Medical Sciences*, of Dr. Sims's interesting and valuable article on the operation for vesico-vaginal fistula? One would naturally suppose, from reading the report, that no one except Dr. Sims had ever cured this disease.

Let us not be understood as wishing to detract from the credit justly due to Dr. Sims for his improvements in the method of doing this not uncommon operation. His article before alluded to contains an admirable description of its difficulties, and the means which he suggests for overcoming them are ingenious and valuable, particularly his method of placing the patient for the operation, and his "clamp suture," for uniting the raw surfaces, which latter we observe is recommended by Dr. Druitt, in the last edition (1854) of his Surgeon's Vade-Mecum, though he does not think proper to acknowledge the source from whence he borrowed the idea. In this article, however, no new principle is put forward for the treatment of this affection, nor do we find that any such is claimed by Dr. Sims, who gives full credit to Dr. Hayward, of this city, for having first successfully performed the operation, in this country, in 1839. Since that time, it has been frequently done, both here and elsewhere.

We are glad that Dr. Mott had the good sense to see the error of carrying adulation beyond the bounds of truth. A series of resolutions was proposed, at the close of the meeting, the first of which alluded to the "eminent success which has attended the treatment [in this Hospital] of organic female diseases heretofore deemed incurable." Dr. Mott insisted on having the resolution amended, so as to read "heretofore rarely curable," which amendment was adopted.

We can find no account of the number of patients in the Hospital; of the number and kinds of operations performed (it seems they were all successful); or of the financial condition of the institution. We are aware, of course, that the report is not an official one; its appearance is certainly that of a puff for the benefit of Dr. Sims, which our high appreciation of him as a surgeon and a gentleman leads us to believe was inserted without his consent, and which must be a source of regret to him.

#### STATE ALMS-HOUSE AT BRIDGEWATER.

We observe that, according to the report of Dr. RUGGLES, the resident physician of this institution, during the year ending Dec. 1st, there were, in the institution, births, 56; admitted to hospital, 719; discharged well, 347; discharged improved, 47; eloped, 1; died, 263; remaining, 62. Of the deaths, 94 were from consumption, 49 from measles, 55 from parturition, 45 from "ephemeral fever," 37 from debility, and 37 from acute diarrhoea. Dr. Ruggles says, "When we consider the character and condition of the persons received as inmates of the institution, that in most cases their constitutions have been broken down by previous disease, bad living, dissipation and exposure, it will not appear so surprising that the hospital report embraces so great a number. A great proportion of the patients do not come in until the latter stages of diseases, which are incurable, having received but little medical treatment and kind attention, in which cases all we can do is to alleviate their sufferings and keep off, as long as possible, a result which must inevitably follow."

In view, however, of the extraordinary number of deaths from parturition, we cannot help thinking that the hygienic condition of the hospital must be very defective, unless there be some error in the returns.

BUST OF DR. JACOB BIGELOW.

IN accordance with a wish expressed in the Report of a Committee of the Trustees of the Massachusetts General Hospital, a bust of Dr. Bigelow has been executed in marble by Mr. Henry Dexter, and may be seen for a few days at the store of Mr. Cotton, stationer and print-seller, Tremont Street. The following is the Report referred to.

*Massachusetts General Hospital, Aug. 15, 1855.*

"The Committee to whom the letter of Dr. Jacob Bigelow, resigning his position as one of the Visiting Physicians of the Massachusetts General Hospital, was referred, report:—

"That Dr. Bigelow was elected as one of the Consulting Physicians of this Hospital in 1827; that he has been immediately connected with the Institution since that date; that he has brought to its service great skill, a large experience, deep knowledge, and an unusual degree of good judgment;—that his services, invaluable as they are known to have been, and occupying much of his time as they are known to have done, have been requited only by the consciousness, on his part, of devotion to humane duties, and by the respect and affection of those, who have known how faithfully those duties have been performed.

"And the Committee recommend, that he be requested by the Trustees to permit his bust or portrait to be taken, by a competent artist, to be preserved in the Hospital.

J. THOMAS STEVENSON,

W. J. DALE,

H. B. ROGERS,

} Committee."

We insert the following note from Samuel Gregory, Secretary of the New England Female Medical College, at his request.

MESSRS. EDITORS.—A paragraph in the last number of your Journal, in reference to a recent "death from abortion," in New York, says, "Suspicion rested upon Dr. Z. C. Johnson, and a 'female physician,' named Abby L. Crocker, who, according to her testimony, 'studied medicine in Boston, but did not graduate.'" The natural inference is, that she had been a student in the New England Female Medical College, this being the only place in Boston where women graduate as physicians. Please permit me, therefore, to say that the woman named has never attended this institution.

SECRETARY.

*Communications Received.*—Diseases of the Female Urethra, by Dr. Walter Channing.—Topography and Diseases of Bates County, Missouri. No. II.—On the Extraction of Minerals from the System.—Case of Retroversion of the Gravid Uterus at Term.—Observations on Post-Partum Hemorrhage.—Cases of Puerperal Convulsions.

MARRIED.—At Bridgeport, Conn., 30th ult., Dr. Clement A. Walker, of Boston, to Miss Georgiana Nichols, of Bridgeport.

DIED.—In Fitchburg, 25th inst., after a long and painful illness, Dr. Osman L. Huntley, a distinguished physician of that place.

*Deaths in Boston* for the week ending Saturday noon, Feb. 23d, 84. Males, 43—females, 41. Accident, 1—apoplexy, 1—inflammation of the bowels, 2—inflammation of the brain, 4—congestion of the brain, 2—consumption, 17—convulsions, 1—croup, 2—diarrhoea, 1—dropsy, 1—dropsy in the head, 7—debility, 1—infantile diseases, 5—puerperal, 1—erysipelas, 1—typhoid fever, 1—scarlet fever, 1—disease of the hip, 1—intemperance, 1—inflammation of the lungs, 8—disease of the liver, 1—measles, 2—old age, 2—palsy, 1—scalds, 1—smallpox, 4—unknown, 8—worms, 1—whooping cough, 5.

Under 5 years, 44—between 5 and 20 years, 7—between 20 and 40 years, 15—between 40 and 60 years, 11—above 60 years, 7. Born in the United States, 64—Ireland, 13—British Provinces, 3—England, 1—Germany, 1.

**Remarkable Case of Incontinence of Urine.**—M. Laurence was called to see an old man in much distress on account of a nocturnal incontinence of urine, which had continued for six weeks. On awaking, he had found himself thoroughly wetted by this involuntary flow. This, it is stated, had caused him to have very severe rheumatic pains over the whole side upon which he was in the habit of lying; usually, he had had no difficulty in urinating, but lately there had been some trouble. The urine was cloudy with red sediment. No enlargement of the prostate gland could be detected on examination by the rectum.

The cause of this enuresis not being very clear, M. Laurence prescribed the following mixture, with the idea that it might be occasioned by want of contractility of the muscular fibres of the vesical neck:—Tincture of the sesqui-chloride of iron, two drachms; balsam copaiva, one drachm; strychnine, one grain; infusion of cassia, twelve ounces. The physician was surprised to hear that after only two doses of the above preparation, taken on the same day, the incontinence wholly disappeared.—*Gazette des Hopitaux*, Oct., 1855.

**Healthy Doctrine.**—The Medico-Chirurgical Review (London) has a lengthy notice of Meigs on childbed fever. We are pleased to notice that the reviewer, Dr. Fleetwood Churchill, subjects the work to a careful analysis, and differs with Dr. Meigs upon all the main issues. Dr. Churchill considers childbed fever as a disease distinct from the local inflammation, as contagious, as typhoid in its character, and as requiring stimulants rather than depletion. The review, though kind in tone, is nevertheless caustic in fact and triumphant in argument. Dr. Meigs could hardly have written another work so dangerous to his reputation as a medical reasoner as this.—*Buffalo Med. Journal*.

**Case of United Living Children (Russian).**—On the 4th of April, 1855, one of the rarest cases of double formations occurred in the St. Petersburg Foundling Hospital—namely, two girls growing together by the skulls—which still live, and so far appear to be in good health. Of all the cases of this kind hitherto known (of which there are seven), the union of the two individuals was never of that kind to bring the face of one child directly opposite to the face of the other. These twins are so united that if the middle line of the face of one child be prolonged from the nose, this would strike upon the ear of the other. Through the mobility of the necks the two children really lie in a straight line, one girl lying on the back, the other on the side, and thus they sleep. The face of one child is quite symmetrical as far as the forehead, and it is first in the formation of the skull that want of symmetry appears. In the face of the other, the right half is much shortened, and the eye of this side opens less than the other. The two children possess a perfectly independent existence from each other as relates to sleeping, waking, want of food, &c. The one sleeps quietly, whilst the other takes nourishment or looks about. Common sensibility does not appear to exist, since in cases of this kind the brains and nerves of each individual are preserved distinct. Not so always with the blood-vessels. Once, one child screaming loud, awoke its sister. The face of the screaming child became suffused and reddened deeply, whilst the other was still asleep. Then the face of the other began to redden and swell, and it was only after this that it opened its eyes. The features of the two children, especially of the one whose face is not shortened, are very pleasing. The physicians of the Foundling promise to observe this case more fully, and publish the results.—*Monatsschr. für Geb.*, July, 1855.

**Removal of the Stains of Nitrate of Silver.**—For this purpose, either of the following solutions may be employed. A solution of eight parts each of bichloride of mercury and muriate of ammonia in one hundred and twenty-five parts of water, or one of five grammes (77.2 grs.) of cyanide of potassium and fifty centigrammes (7.72 grs.) of iodine in forty-five grammes (664.8 grs.) of water. Rubbing the stain with a solution of iodine, and washing off the iodide of silver formed by ammonia, is also effectual.—*Philad. Med. and Surg. Journal*.

**The Winter in Philadelphia** is remarkable for the severity of the cold, and the amount of snow fallen. Large numbers of old persons have died during the cold weather in January. The smallpox and varioloid have been prevalent all over the city, and considerable alarm has existed on account of it.—*Ib.*